

Renter Assistance Claim (for income received in 1999)

2000

9000R

STEP A

Name,
address,
and
social
security
number

Use the peel-off label. Otherwise, please print or type.

CLAIMANT'S FIRST NAME	INITIAL	LAST NAME	CLAIMANT'S SOCIAL SECURITY NUMBER	
SPOUSE'S FIRST NAME	INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER	
PRESENT HOME ADDRESS - NUMBER AND STREET INCLUDING PO BOX OR RURAL ROUTE				PMB NO. APT. NO.
CITY, TOWN, OR POST OFFICE, STATE AND ZIP CODE				

STEP B

Filing
Status

1. Are you a United States citizen? Check "Yes" or "No" . . . • 1. ☐ YES ☐ NO
If you checked "Yes," skip line 2 and go to line 3.
If you checked "No," go to line 2.
2. Benefit Eligibility for Noncitizens • 2a.
If you are not a citizen of the United States, go to page 19.
If you have a qualifying alien status for the United States,
enter your alien status code from the chart on page 19 on
line 2a. Then complete line 2b and line 2c.
(example: 0 7 / 2 1 / 1 9 7 0) • 2b. • 2c.

Alien Status Code	
Alien Registration Number	
Date of Entry	
Date of Birth	
3. Enter your date of birth . . . (example: 0 5 / 1 2 / 1 9 2 2) . . . • 3.
4. Check the appropriate box if you were **one** of the following on December 31, 1999:

A. 62 years or older	• A	<input type="checkbox"/>	<input type="radio"/>
B. Under 62 and blind	• B	<input type="checkbox"/>	<input type="radio"/>
C. Under 62 and disabled (not blind)	• C	<input type="checkbox"/>	<input type="radio"/>

See instructions on page 6 and page 7 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Renter Assistance claim.

STEP C

Rental
Information

Complete
line 5
through
line 7.

5. Enter the total number of months during 1999 that you lived in a qualified rented residence in California.
See instructions • 5. _____ months
6. List the street address(es) of residence(s) you rented in California during 1999 that qualified you for renter assistance and list the dates you rented each residence:

Street Address	City, State, and ZIP Code	Dates rented in 1999
A. _____		
B. _____		
7. Enter the name, address, and telephone number of your landlord or the person to whom you paid rent during 1999.

NAME _____
ADDRESS _____ APT. OR UNIT NO. _____
CITY _____ STATE and ZIP CODE _____
TELEPHONE () _____ RENTED FROM ____ / ____ / ____ TO ____ / ____ / ____

STEP D1999 income
of you and
your spouse

On line 8 through line 15 enter your total household income for the 1999 calendar year. If you are married, include your spouse's income. On line 17, enter the total income of other household members.

8. Social Security and/or Railroad Retirement 8.

(Dollars)

(Cents)

9. Interest and/or Dividends 9.

10. Pensions and/or Annuities 10.

11. SSI/SSP, AB, and ATD (Gold Check). See page 8 11.
(full year total)12. Rental Income (or Loss). See page 8 12.
Do not enter your monthly rent payments.

13. Business Income (or Loss). See page 9 (full year total) 13.

14. Gain (or Loss). See page 9 14.

15. Other Income (including wages). See page 9 15.

16. SUBTOTAL. Add line 8 through line 15 16.

STEP E1999 Income of
other household
members

17. Income of Other Household Members in 1999.

See page 10. Do not include your income or the income of your spouse, minors, students, renters, or the owner of the rented residence 17.

STEP F1999 Total
household
income

18. SUBTOTAL. Add line 16 and line 17 18.

19. Adjustments to Income. See page 10. 19.

20. TOTAL HOUSEHOLD INCOME IN 1999.

Subtract line 19 from line 18 ● 20.

If line 20 is more than \$33,993, stop. You do not qualify.

STEP GRenter
assistance
claimed

You do not have to complete line 21. If you stop here, we will figure the amount of assistance for you.

21. Renter assistance claimed. (Cannot exceed \$240.00)

See page 10 ■ 21.

STEP HSignature,
date, and
telephone
number

Caution: To avoid delay of your check, be sure to provide all requested information, sign below and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Renter Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete.

Sign Here ➡

X _____ Date _____
Claimant's signature

Claimant's Daytime Telephone Number (optional) () _____

Paid
Preparer's
Use OnlyPREPARER'S
SIGNATURE ➡

Date

Check if
self-employed ☐

Preparer's social security number/PTIN

FIRM'S NAME (OR YOURS, IF
SELF-EMPLOYED) AND ADDRESS ➡

FEIN

TELEPHONE () _____

Do not write in this space

Do not write in this space

L**D****I****A****R****RES**